

<b>1. PLACE OF DEATH</b> a. COUNTY b. CITY (If outside corporate limits, give TOWNSHIP only) <b>ST. LOUIS</b> Length of stay in 1b <b>35, Years</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>SNROUTS HOER, G. PHILLIPS</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY c. CITY OR TOWN <b>ST. LOUIS</b> d. STREET ADDRESS (If outside, give location) <b>2530, COLEMAN STREET</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First      Middle      Last <b>JAMES      THOMPSON</b>			<b>4. DATE OF DEATH</b> Month      Day      Year <b>12 / 5th / 1960</b>		
<b>5. SEX</b> <b>MALE</b>	<b>6. COLOR OR RACE</b> <b>COL.</b>	<b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>6/20/1906</b>	<b>9. AGE (last birthday)</b> <b>54</b>	<b>IF UNDER 1 YEAR</b> Months      Days      Hours      Min. <b>5      15</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>JANITOR CARETAKER</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>TRAYMORE CASTLE, Apts 4525, Lindell Blvd.</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>OAKLONIA, MISSISSIPPI</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A</b>	
<b>13a. FATHER'S NAME</b> <b>PRENTIS THOMPSON</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>MARY SIMMS</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>BETTIE THOMPSON</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO      NONE</b>		<b>16. SOCIAL SECURITY NO.</b> <b>427-16-2969</b>	<b>17. INFORMANT</b> Address <b>BETTIE THOMPSON 2530, COLEMAN, STREET</b>		

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Cardiac Failure;</b> DUE TO (b) <b>Contrib: Myocardial Infarct</b> DUE TO (c) <b>420-1</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
<b>20c. TIME OF INJURY</b> Hour      Month, Day, Year a.m.      p.m.	<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)
<b>20f. CITY, TOWN, OR LOCATION</b> <b>COUNTY</b> <b>STATE</b>		

**21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_**  
**Death occurred at \_\_\_\_\_ 257 P. m on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> <i>Robert J. ...</i> (Degree or title)	<b>22b. ADDRESS</b> <b>1300 Clark</b>	<b>22c. DATE SIGNED</b> <b>12-7-60</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>REMOVAL</b>	<b>23b. DATE</b> <b>12 / 12 / 60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>GREEN WOOD CEMETERY</b>
<b>23d. LOCATION</b> (City, town, or county)      (State) <b>ST. LOUIS.      "      MISSOURI-</b>		
<b>24. FUNERAL DIRECTOR</b> <i>John D. Houston</i> <b>ADDRESS</b> <b>2812, THOMAS STREET</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>DEC 9 1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Head Smith, M.O.</i>

DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4441  
P. O. Address 2812, Thom

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.